

Beauty & Barber Shop SUPPLEMENTAL QUESTIONNAIRE

APPLICANT INFORMATION

NAMED INSURED

SOCIAL SECURITY NUMBER

DATE

POLICY NUMBER

AGENCY

SUPPLEMENTAL UNDERWRITING INFORMATION

1. Shop is located in:

- STORE OFFICE BUILDING MALL
 HOTEL HOUSE

2. Are records kept of service performed on patrons?

..... YES NO

3. Any services performed off premises? YES NO

If YES, please explain:

4. Is smoking allowed on the premises? YES NO

If YES, please describe disposal method:

5. Are combs/brushes sterilized between use?

..... YES NO

6. Are all employees state certified with current licenses?

..... YES NO

7. Any student practitioners? YES NO

If YES, please describe:

8. Does applicant rent chairs or space to others?

..... YES NO

9. Is applicant renting space from others?

..... YES NO

10. Is the 24-hour predisposition test given to all patrons whose hair has not been tinted or dyed?

..... YES NO

11. Do you repackage, relabel, rebottle or manufacture any items?..... YES NO

If YES, please explain:



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